	D-	Individual Return — Part Year Resident						
	or F	iscal Year Beginning MMDD D 2008, Ending MMDD DYYYYY						
5	Socia	Security Number Spouse's Social Security Number Check here if this return is						
		for a deceased taxpayer						
F	irst N	Jame MI Last Name						
Г								
	Spous	e's First Name MI Spouse's Last Name						
_	lome	Address (Number and Street or Rural Route)						
L								
(City o	r Town State Zip Code						
		Single or Married Filing Separately Married Filing Jointly Check if you can be claimed as a dependent on another person's tax return. EXEMPTIONS: REGULAR 65 or OVER BLIND DEAF DISABLED List all dependents on page 2, part 4. F. Number of Other Dependents List all dependents on page 2, part 4. G. TOTAL Number of Exemptions Add lines C, D, E and F						
	e inst	ded return? Y I. Is this amended return as a result of a federal audit? Y J. If Yes, enter the federal determination date MM D D Y Y Y Y Y vuctions						
		ber of Months you were a Resident ————————————————————————————————————						
	Resi	dency Effective Date Residency Effective Date						
		dency Ending Date Residency Ending Date						
_	11031	Tiesderiey Ending Date						
	_	INCOME AND ADJUSTMENTS — All Income While Resident of Detroit - Col I Non-Resident Col II						
4	1.	Total Income from W-2 (Work location:) — 1						
Here	2.	Other Income (or losses) (from page 2, part 1)						
M- 2	3.	Subtotal (add lines 1 and 2)						
Form	4.	Deductions from Income (from page 2, part 2)						
o 단								
Copy	5.							
	6.	_						
Attach	7.	Net income (line 5 less line 6)						
₹	8.	Renaissance Zone Deduction (attach Renaissance Zone Deduction Schedule)						
	9.	Less: Loss transfered from column I or II						
	10.	Total Income Subject to Tax (line 7 less line 8 and 9)						
ē	11.	Tax (multiply line 10 column 1 x .025 (2.5%) / multiply line 10 column 2 x .0125 (1.25%)) ▶ 11						
r Here	12.	Total tax — Add line 11 column I + column II — 12						
Orde G	13.	Credit tax paid to other cities (attach copy of other city returns)						
	14.	PAYMENTS AND CREDITS						
Money	15.	Tax withheld 15						
ō	16.	2008 estimated payments, credits and other payments (see instructions)						
Check	17.	Detroit tax paid for you by a partnership (from page 2, part 3) ■ 17						
วั ร	18.	. Total payments and credits (add lines 15 through 17)						
Attach	19.	If line 18 is larger than line 14 enter the amount of Overpayment 19						
4	20.	Amount to be Refunded (if amended see instructions)						
	21.	Amount to be Credited on 2009 Estimated Tax (if amended see instructions)						
	22.	If line 14 is larger than line 18 enter the amount of Tax due: (make check payable to: Treasurer, City of Detroit)— ▶ 22						

	D	ART 1	RESIDENT	NON-RESIDENT			
Ot	ther Income (or losses)	COLUMN I	COLUMN II				
1.	Interest and dividend income from federal 1040 or 1040A						
2.	Distributions from tax-option corporations (Losses not deductible)						
3.	Net Income (or loss) from estates and trusts (attach federal Schedule						
4.	Gain (or loss) on sale or exchange of property (attach federal schedu	· · · · · ·					
5.	Net income (or loss) from partnership (attach federal Schedule K-1, e						
6.	Net income (or loss) from business or profession (attach federal Sche	· ′					
7.	Net income (loss) from Rent or Royalties (attach federal Schedule E)						
8.	Miscellaneous						
9.	Total Other income (or losses) (enter here and on page 1, line 2)						
_	P	ART 2					
De	eductions from Income:						
1.	Employee Business Expenses from federal 2106 (see instructions for all						
2.	Moving expense from federal form 3903 (attach federal form)	,					
3.	Individual Retirement Account (IRA) and/or Keogh retirement plan and self-employed SEP deductions.						
	(attach federal form 1040, page 1)						
4.	Interest on obligations of the United States or subordinate units include						
5.	Alimony (furnish recipient's name, address and Social Security Number, attach federal form page 1)						
	Name Address	Social Security Number					
6.	Penalty for early withdrawal of savings						
7.	Net operating loss carryover						
8.	Enter total deductions from income here and on page 1, line 4						
_		ART 3					
De	etroit tax paid for you by a partnership	I					
	Name Fed	leral Identification Number	Amo	unt			
1.							
2.							
۷.							
Tota	al enter on page 1, line 17	-					
_	D	ART 4					
Enter the first names of the dependent children & Social Security Numbers Enter the names & Social Security Numbers of other dependents							

Signature: (if Joint return Under penalty of perjury, I declare that and complete. If prepared by a person	I have examined to	this return (including accor	npanying schedules and statements) a	nd to the best of my knowledge and belief it is true, correcturer has any knowledge.
			()	()
Taxpayer's Signature	Date	Occupation	Home Phone	Work Phone
			()	()
Spouse's Signature	Date	Occupation	Home Phone	Work Phone

Address

MAILING INSTRUCTIONS: Due Date: This return is due April 30, 2009 or at the end of the fourth month after the close of your tax year.

Returns with Payments: TREASURER, CITY OF DETROIT

Signature of preparer other than taxpayer

P.O. BOX 673556

Detroit, Michigan 48267-3556

Date

Refund and all others: DETROIT CITY INCOME TAX P.O. BOX 553173

I.D. number

Detroit, Michigan 48255-3173